

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.06	14.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.86	*****			Four per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	4		*****	4	7			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	112	*****			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	8.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4	6		*****	5	8			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	274	*****			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.21	3.45		*****	1.8	5.3				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.06	.1		*****	95	127				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.225	.0992		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Four per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83851
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(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.7	10.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.57	*****			11 per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.08	17.98		*****	5.3	6.3			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	90.8	*****			Five per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.55	*****	7.14			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.736	22.8		*****	5	9			Five per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	518.4	*****			Five per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	5.002	4.423		*****	4.36	7.46				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.01			Four per Month	
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.055	.032		*****	24	121				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.2733	.3676		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.2	4.5				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	320				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	86	*****	*****			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Four per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.02	9.04				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.03	*****			Four per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40	143		*****	14	33			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	41	*****			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.59	*****	7.12				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	60	4		*****	21	5			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	154	*****			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	32	63		*****	11	22				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.63	.38		*****	220	87				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.6971	.5556		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	79				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	.09	*****	*****			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	.9	*****	*****			Four per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.43	9.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.71	*****			Eight per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	8.68		*****	6	7			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	46	*****			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.84	*****	6.99				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****	3	6			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	164	*****			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.248	.248		*****	.1395	.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.188	.1186		*****	126	82				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2373	.5565		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.5	10.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.5	*****			11 per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	21		*****	5	6			Five per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	62	*****			Five per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7.8			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16	31		*****	7	18			Five per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	121	*****			Five per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.86	2.41		*****	1.19	3.51				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.09				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.114	.035		*****	35	63				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.16				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3062	.5919		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.5	22				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	172				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****		1	Five per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Five per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.3	14.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.47	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.3	6.6		*****	3.7	4.7			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	112	*****			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.71				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3	4.9		*****	3	5			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	650	*****			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.2	2		*****	1	1.9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.026	.03		*****	24	28				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.128	.1838		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.12	1.8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	16.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.42	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.5	4.6		*****	3.3	4.7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	193	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.53	*****	6.89				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17	6.8		*****	3	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	3482	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: P.O. BOX B
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PERMIT NUMBER	DISCHARGE NUMBER
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05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.13	.13		*****	.11	.11				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.02	.04		*****	24	36				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.151	.407		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.5	19.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.57	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.5	5.9		*****	4.1	9.6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	190	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.96				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.7	1.85		*****	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	650	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.3	1.01		*****	.61	2.18				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.38				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.2				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.013	.016		*****	24	27				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.7				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.075	.1437		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.16	2.18				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	261				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
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ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.2	20.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.5	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.22	1.3		*****	2	2				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	237	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.55	*****	6.69				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1	1.9		*****	1.7	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	537	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.05	.06		*****	.08	.101				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.02		*****	22	30				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0709	.0893		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.2	27.9				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.9	20.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.4	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.1	1.3		*****	2	2				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	147	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.66	1.1		*****	1.2	2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	289	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.15	.06		*****	.87	.11				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.02		*****	27	35				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.063	.115		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.2	17.5	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.95	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.1	1.1	lb/d	*****	< 2	< 2	mg/L		Four per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	140	*****	mg/L		Four per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.56	*****	6.87	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.98	.99	lb/d	*****	1.75	1.75	mg/L		Four per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	284	*****	mg/L		Four per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson		TELEPHONE		DATE	
LEONARD JOHNSON/ OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		0/06/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.66	2.5	lb/d	*****	1.18	4.48	mg/L		Four per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.89	mg/L		Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.6	mg/L		Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.011	.011	lb/d	*****	20.25	20.25	ug/L		Four per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.7	mg/L		Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.07	.08	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	#/100mL		Five per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB

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LEONARD JOHNSON/ OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		0/06/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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DMR Mailing ZIP CODE: 83851
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(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	387	mg/L		Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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LEONARD JOHNSON/ OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875	0/06/2016
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PLUMMER CREEK
External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.1	16.2	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.68	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.07	1.85	lb/d	*****	< 2	< 2	mg/L		Four per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	125	*****	mg/L		Four per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.68	*****	6.97	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.04	.93	lb/d	*****	< 1	<= 1	mg/L		Four per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	268.75	*****	mg/L		Four per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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LEONARD JOHNSON/ OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		1/10/2016
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Attached is the Violation letter for Oct 31, 2016

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.07	.11	lb/d	*****	.08	.09	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.02	lb/d	*****	15.25	16.4	ug/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.28	1.39	MGD	*****	*****	*****	*****	1	Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.78	4.1	#/100mL		Five per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.4	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.6	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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LEONARD JOHNSON/ OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		1/10/2016	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Attached is the Violation letter for Oct 31, 2016

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PLUMMER CREEK
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.9	12.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.21	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.68	6.29	lb/d	*****	2	2	mg/L		Five per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	69.8	*****	mg/L		Five per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.52	*****	6.71	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.86	5	lb/d	*****	1.8	4	mg/L		Five per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	208.8	*****	mg/L		Five per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.19	.32	lb/d	*****	.08	.08	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.056	.096	lb/d	*****	38	70	ug/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.26	.61	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.71	7.4	#/100mL		Five per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.1	10.6	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.57	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	3.3	lb/d	*****	2	2	mg/L		Four per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	162.5	*****	mg/L		Four per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.02	1.7	lb/d	*****	1	1	mg/L		Four per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1674	*****	mg/L		Twice per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson		TELEPHONE		DATE	
Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		12/15/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I have attached the creek sampling required along with the violation letter. ThanksI have attached a letter to this DMR to explain the miss calculations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.081	.13	lb/d	*****	.08	.08	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.65	mg/L		Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.38	mg/L		Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.08	.12	lb/d	*****	82	119	ug/L	1	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.7	mg/L		Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.11	.28	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100mL		Five per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	387	mg/L		Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.8	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.9	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875	12/15/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.8	6.5	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.61	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	6.8	lb/d	*****	3.45	7.8	mg/L		Four per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	78	*****	mg/L		Four per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.6	18.3	lb/d	*****	6.6	21	mg/L		Five per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	962	*****	mg/L		Five per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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LEONARD JOHNSON/ OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		/2/14/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Month of January was a very cold month for the wastewater facility in Plummer. We had to take grab samples on the influent due to our automatic sampler freezing, had airlines freeze numerous times alone with actuator valves which control the air cycles. I will attach letters with this for a more detailed report. I tried to send this out on Friday but got locked out.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3	12.7	lb/d	*****	3.48	14.6	mg/L	2	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.154	.36	lb/d	*****	173	412	ug/L	4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.143	.3067	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.21	345	#/100mL	1	Five per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Four per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Five per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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LEONARD JOHNSON/ OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		/2/14/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
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PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	9.4	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.65	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.3	6.32	lb/d	*****	2.7	4.9	mg/L		Four per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	66	*****	mg/L		Four per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.55	*****	6.86	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.79	8.03	lb/d	*****	1.75	4	mg/L		Four per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	339	*****	mg/L		Four per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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I sent in 3 letters this month, 2 on the plants non ability to receive the wastewater coming in and another one on a E-Coli hit we took. I am attaching the samples that I took to this month DMR and if there is any questions please call and I will fix them. Thank You Leonard Johnson

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.13	.2	lb/d	*****	.21	.603	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.33	.67	lb/d	*****	58	104	ug/L	3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3872	.9664	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.7	2420	#/100mL	1	Five per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Four per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Four per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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PLUMMER CREEK
External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.2	8.4	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.6	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.77	26.6	lb/d	*****	1.13	4.3	mg/L		Four per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	55	*****	mg/L		Four per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.58	*****	6.89	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15.4	10.2	lb/d	*****	3.75	7	mg/L		Four per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	143	*****	mg/L		Four per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson		TELEPHONE		DATE	
Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		4/10/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This month the wastewater treatment has seen its fair share of rain/ snow runoff, but has been able to treat the receiving waters coming in. The plant has not met all of the permits required but did not have to by pass the plant or treatment process.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.53	.88	lb/d	*****	.2	.34	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.812	mg/L		Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.13	mg/L		Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.225	.52	lb/d	*****	65	85	ug/L	3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.7	mg/L		Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.041	.9128	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.89	16	#/100mL		Five per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson		TELEPHONE		DATE	
Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		/4/10/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This month the wastewater treatment has seen its fair share of rain/ snow runoff, but has been able to treat the receiving waters coming in. The plant has not met all of the permits required but did not have to by pass the plant or treatment process.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	225	mg/L		Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson		TELEPHONE	DATE
Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875	14/10/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This month the wastewater treatment has seen its fair share of rain/ snow runoff, but has been able to treat the receiving waters coming in. The plant has not met all of the permits required but did not have to by pass the plant or treatment process.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.5	12.7	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.54	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.3	2.59	lb/d	*****	2.8	5.3	mg/L		Four per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	162	*****	mg/L		Four per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.84	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.8	8.1	lb/d	*****	3.5	6	mg/L		Four per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	799	*****	mg/L		Four per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson		TELEPHONE		DATE	
Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		/5/10/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
I attached a letter of the reasoning of a non compliance the City had this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	8.8	35	lb/d	*****	4.4	17.3	mg/L	4	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.19	.33	lb/d	*****	140	206	ug/L	2	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1676	.3876	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.8	12	#/100mL		Five per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Four per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Four per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson		TELEPHONE		DATE	
Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		/5/10/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
I attached a letter of the reasoning of a non compliance the City had this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.7	28.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.18	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.16	.35	lb/d	*****	2.62	3.8	mg/L		Five per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	112	*****	mg/L		Five per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.53	*****	6.87	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.03	4.36	lb/d	*****	2.6	6	mg/L		Five per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	260	*****	mg/L		Five per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		/6/13/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I worked with Jason on getting this DMR/CDX set up and was told they were doing maintenance on the system on the 9th. It took awhile for me to get all of the account approved and going.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.8	12	lb/d	*****	3.8	16.9	mg/L	2	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.162	.358	lb/d	*****	150	325	ug/L	4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1625	.7839	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.49	7.5	#/100mL		Five per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Five per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Five per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		/6/13/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.5	23.3	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.67	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.37	1.65	lb/d	*****	2.1	2.3	mg/L		Four per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	165	*****	mg/L		Four per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.54	*****	6.87	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.3	2.8	lb/d	*****	2	4	mg/L		Four per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	391	*****	mg/L		Four per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson		TELEPHONE		DATE	
Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		/7/10/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83851
MINOR \$
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.37	1.13	lb/d	*****	.54	.229	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.816	mg/L		Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.88	mg/L		Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.096	.156	lb/d	*****	149	271	ug/L	2	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.2	mg/L		Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0718	.0867	MGD	*****	*****	*****	*****	1	Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100mL		Five per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB

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Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875		/7/10/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83851
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PLUMMER CREEK
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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	324	mg/L		Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Leonard Johnson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)818-6875	7/10/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83851
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PLUMMER CREEK
External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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07/01/2017	07/31/2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT				*****						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		Five per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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